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	TO:	COMPANY:	FAX NO.:	PHONE NO.:
1.		Commissioner for Patents	1-703-872-9306	

FROM: Jill Tabor Powlick TELEPHONE NO.: (317) 236-5972

SUBJECT: Serial No. 10/605,802

COMMENTS: Please see attached.

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Writer's Direct Number: (317) 236-5972  
Internet: [Prwlick@icemiller.com](mailto:Prwlick@icemiller.com)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner For Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

I hereby certify that this correspondence is being transmitted by facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, facsimile no. (703) 872-9306 on 11-10-04.  
(Date of Deposit)

Carol B. Jansen

Printed or Typed Name of the Person Signing the Certificate

*Carol B. Jansen*

Signature

*November 10, 2004*

Date of Signature

Re: Invention:	COMPOSITIONS AND METHODS FOR THE PREPARATION OF COMPOSITE PHOTOCHROMIC POLYCARBONATE LENSES
First Named Inventor:	SCHLUNT, Paul D.
Serial No.:	10/605,802
Filed:	October 28, 2003
Our File No.:	P01145-US-00 (06472.4300)

**SUBMISSION OF STATEMENT OF OWNERSHIP AND REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY**

Dear Sir/Madam:

Enclosed please find two "Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address" forms, one executed by inventor Paul D. Schlunt, the other executed by inventor Thomas J. Engardio. As indicated in the Power of Attorney forms, the inventors wish to appoint the petitioners associated with the Customer Number 22446 and have all correspondence regarding this patent matter directed to Mr. Richard Schnurr. Accordingly, the assignee requests that the enclosed Statement of Ownership and Power of Attorney be accepted.

If you have any questions regarding this correspondence, please feel free to contact the undersigned.

Commissioner for Patents

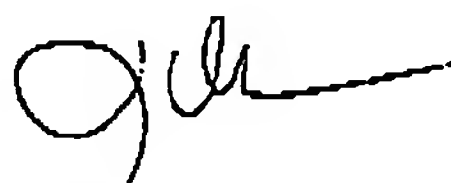
- 2 -

November 10, 2004

Additionally, no filing receipt has been received for this matter. The undersigned respectfully requests a copy of the filing receipt, as well as copies of any correspondence that may have been mailed by the Patent Office subsequent to mailing of the filing receipt.

Respectfully submitted,

ICE MILLER



Jill T. Powlick, Attorney No. 42,088  
One American Square, 31<sup>st</sup> Floor  
Indianapolis, Indiana 46204  
Telephone: (317) 236-2100

Date: 11/10/04

JTP/

Enclosures: Revocation of Power of Attorney with New Power of Attorney  
and Change of Correspondence Address (2 parts)

cc: Richard A. Schnurr, Esq.

PTO/SB/82 (11-03)

Approved for use through 11/30/2005. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/605,802
Filing Date	October 28, 2003
First Named Inventor	SCHLUNT, Paul D.
Art Unit	
Examiner Name	
Attorney Docket Number	P01145-US-00 (06472.4300)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

22446

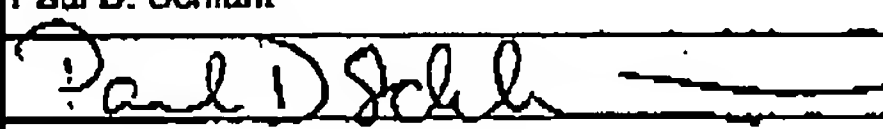
☐ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Richard Schnurr of ICE MILLER				
Address	One American Square				
Address	31st Floor				
City	Indianapolis	State	Indiana	Zip	46204
Country	USA				
Telephone	312-726-8147	Fax	317-236-2219		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Paul D. Schlunt				
Signature					
Date	10-22-04	Telephone	760 744-4000 X350		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Examiner Name	
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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

22446

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Richard Schmitt of ICE MILLER				
Address	One American Square				
Address	31st Floor				
City	Indianapolis	State	Indiana	Zip	46204
Country	USA				
Telephone	312-726-8147	Fax	317-236-2219		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Thomas J. Engardio				
Signature	<i>Thomas J. Engardio</i>				
Date	October 22, 2004	Telephone	760-744-4000 Ext. 32-7		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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